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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

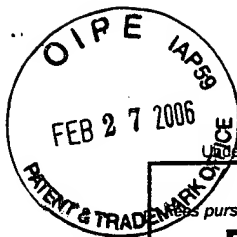
|   |                        |                       |
|---|------------------------|-----------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/530233-Conf. #3952 |
|   | Filing Date            | April 26, 2000        |
|   | First Named Inventor   | Philippe SEGUELA      |
|   | Art Unit               | 1646                  |
|   | Examiner Name          | M. D. Pak             |
| Total Number of Pages in This Submission  | Attorney Docket Number | PCI-017USRCE          |

**ENCLOSURES (Check all that apply)**

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| <b>Remarks</b>  |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | LAHIVE & COCKFIELD, LLP |          |        |
| Signature    |                         |          |        |
| Printed name | Cynthia L. Kanik, Ph.D. |          |        |
| Date         | February 27, 2006       | Reg. No. | 37,320 |



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                    |                          |                       |
|---|--------------------|--------------------------|-----------------------|
| <b>Effective on 12/08/2004.</b><br>Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |                    | <b>Complete if Known</b> |                       |
|   |                    | Application Number       | 09/530233-Conf. #3952 |
|   |                    | Filing Date              | April 26, 2000        |
|   |                    | First Named Inventor     | Philippe SEQUELA      |
|   |                    | Examiner Name            | M. D. Pak             |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   | Art Unit           | 1646                     |                       |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(\$)</b> 760.00 | Attorney Docket No.      | PCI-017USRCE          |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP     |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                      |                                  |                      |                              |
|---|---------------------|---|--------------------|----------------------|----------------------------------|----------------------|------------------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                      |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                      |                              |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                      |                              |
|   |                     | <u>Small Entity</u>                                     |                    | <u>Small Entity</u>  |                                  | <u>Small Entity</u>  |                              |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b>        |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                  |                              |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                   |                              |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                   |                              |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                  |                              |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                    |                              |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                      |                              |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>      | <b>Small Entity Fee (\$)</b> |
| <b>Fee Description</b>  |                     |   |                    |                      |                                  |                      |                              |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                   | 25                           |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                  | 100                          |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                  | 180                          |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                      |                              |
| _____ - 20 = _____  |                     | x _____   | = _____            |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                              |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                      |                              |
| _____ - 3 = _____   |                     | x _____   | = _____            |                      |                                  |                      |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                      |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                      |                              |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                              |
| _____ - 100 = _____   | /50                 | _____ (round up to a whole number) x _____              |                    |                      | = _____                          |                      |                              |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                      | <b>Fees Paid (\$)</b>        |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                      |                              |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month   |                     |   |                    |                      |                                  |                      | 510.00                       |
| 2401 Notice of appeal   |                     |   |                    |                      |                                  |                      | 250.00                       |

|                     |                         |                                   |                   |
|---------------------|-------------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                         |                                   |                   |
| Signature           |                         | Registration No. (Attorney/Agent) | 37,320            |
| Name (Print/Type)   | Cynthia L. Kanik, Ph.D. | Telephone                         | (617) 227-7400    |
|                     |                         | Date                              | February 27, 2006 |